



## CENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>		Client Name <b>O. H. MATERIALS</b>		Location <b>1002 OSWEGO ST. UTICA, NY</b>		Date <b>12/22/86</b>						
Facility Equipment	Detach Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other <b>GATE &amp; TRAILER KEYS</b>					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>Kenneth Kalish</b>		Officer—Swing Shift (Name) <b>Dick Rokoszki</b>		Officer—Grave Shift (Name) <b>COATES, EUGENE</b>						
Shift		Shift		Shift		Shift						
Began <b>8 AM</b> PM Ended <b>4 AM</b> PM		Began <b>4 AM</b> PM Ended <b>12 AM</b> PM		Began <b>12 AM</b> PM Ended <b>8 AM</b> PM		Began <b>8 AM</b> PM Ended <b>4 AM</b> PM						
Observations or actions taken	Yes	No	Explanation		Yes	No	Explanation					
Rounds or stations missed		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<b>SEE REMARKS</b>					
Unlocked vaults or safes		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
Fire-smoke-or hazards		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
2. Sprinkler system defective		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
4. Rubbish accumulation		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
5. Motors running		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
6. Lights left burning		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
Injury hazards		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
Visitors <b>E.P.A. - Jerry Marrese - Rigall - Jack Adams on site</b>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
Trespassing		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
Violation of company rules		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
Remarks <b>GATE LOCK NEEDS LUBRICATION - FREEZE PROOF (EC)</b>												
<b>on location at 10:15 - E.P.A. - Jerry Marrese &amp; Jack Adams for (Rigall) - they left at 10:50 AM. They came back at 1:15 PM E.P.A. Jerry Marrese &amp; Rigall Jack Adams at 1:20 PM. Funchak election on site also. 1:45 AM Harker came on site for (Rigall) work. Rigall and Funchak left at 4:20 PM (RK)</b> <b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post. EPA LEFT AT 4:30 PM (RK)</b>												
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.
2. Did you suffer any illness?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures	1.	<b>Kenneth Kalish</b>			1.	<b>Dick Rokoszki</b>			1.	<b>Eugene K Coates</b>		
Signatures	2.				2.				2.			
Signatures	3.				3.				3.			

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